Form Approved

0990-0379

Exp. Date: XX/XX/XX2X

**Office of Adolescent Health (OAH)**

**Annual Grantee Satisfaction Survey**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

**Office of Adolescent Health (OAH)**

**Annual Grantee Satisfaction Survey**

E-mail Transmittal Script and Instructions

Dear OAH Grantee:

You have received this survey, because your organization has one or more federal awards (grant or cooperative agreement) funded by the Office of Adolescent Health. If your organization has more than one OAH award, you will receive a separate survey for each grant.

The purpose of this survey is to assess your satisfaction with OAH grantee support, communications, and other resources. We are also interested in your suggestions for how to improve the services, technical assistance (TA) products, and support from OAH and our contactors. OAH plans to use the results of the survey for continuous quality improvement efforts, including more effective customer service and to identify areas for improvement.

If you have more than one federal award from OAH, please complete a separate survey for each grant project. To provide your feedback, please visit: https://[www.surveymonkey.com/r/[](http://www.surveymonkey.com/r/%5B)survey code].

Please take the time to complete the survey. It should take about 20 minutes per grant project. If you have questions about this survey, please email Dr. Suzanne Randolph Cunningham at oahsurvey@mayatech.com.

Please submit your responses by [DATE/TIME]. Thank you for your participation.

Survey Script and Instructions

**INTRODUCTION**

You have received this survey, because your organization has one or more federal awards (grant or cooperative agreement) funded by the Office of Adolescent Health. If your organization has more than one OAH award, you will receive a separate survey for each grant.

The purpose of this survey is to assess your satisfaction with OAH grantee support, communications, and other resources. We are also interested in your suggestions for how to improve the services, technical assistance (TA) products, and support from OAH and our contactors. OAH plans to use the results of the survey for continuous quality improvement efforts, including more effective customer service and to identify areas for improvement.

**INSTRUCTIONS**

If you have more than one federal award from OAH, please complete a separate survey for each grant project. Feel free to consult with others within your organization on each of your grant projects, but only submit one survey per grant.

Your participation is voluntary and confidential.  You can skip any item. Please provide honest responses and complete information. Your responses will not affect your current award or your eligibility for, or receipt of, future services or funding.

Do not put your name or organization’s name on the survey. Results will be reported to OAH in a manner that does not identify information about an individual or an organization and to be used only for the purposes of continuous quality improvement. Aggregated results may be used by OAH to share with selected stakeholders (e.g., grantees, federal partners) for the purposes of knowledge-sharing and improving processes.

Please take the time to complete the survey. It should take about 20 minutes per grant project. If you have questions about this survey, please email Dr. Suzanne Randolph Cunningham at oahsurvey@mayatech.com.

Please submit your responses by [DATE/TIME]. Thank you for your participation.

**BACKGROUND INFORMATION**

1. How many federal awards (grant or cooperative agreement) do you have from OAH? [Note: If you have more than one federal award, please complete this survey for each.]

\_\_ 1

\_\_ 2

\_\_ 3

\_\_ 4

1. Please select your grant type:

\_\_ Pregnancy Assistance Fund (PAF)

\_\_ FY 2015 Teen Pregnancy Prevention (TPP) –if checked, also select which Tier:

\_\_Tier 1A

\_\_Tier 1B

\_\_Tier 2A

\_\_Tier 2B

\_\_ FY 2018 Teen Pregnancy Prevention (TPP)

\_\_Tier 2 Phase 1

1. Is this your first OAH grant?

\_\_ Yes

\_\_ No

**OAH GUIDANCE AND TECHNICAL ASSISTANCE**

**Project Officer Monitoring and Support**

1. Please rate your satisfaction with the guidance received from your Project Officer in the following areas:

| Satisfaction with Project Officer’s: | Very satisfied | Satisfied | Not Sure | Dissatisfied | Very dissatisfied | Not applicable |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Guidance on grant program expectations
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Guidance on programmatic reporting
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Frequency of communication (email, phone calls)
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Promptness in responding to inquiries
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Clarity of communication
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Consistency in messaging
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Oversight and monitoring of your grant project
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Adequacy of TA resource(s) and support(s) to help your grant project succeed
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Level of professionalism (e.g., courteousness, responsiveness, respectfulness)
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Overall performance
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**Programmatic Guidance and Project Officer Feedback**

1. Please consider written communications and resources that you have received from OAH and rate your level of agreement with the statements below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OAH Funding Opportunity Announcements (FOA)** | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| 1. The FOA was clear and easy to understand.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The grant expectations included in the FOA are clear and easy to understand.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| **OAH Progress Report & Continuation Application Guidance** | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| 1. The guidance was clear and easy to understand.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The guidance was provided within sufficient time to complete our report.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| **Project Officer Feedback on Progress Reports** | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| 1. The feedback was clear and easy to understand.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The feedback was helpful in identifying areas of continuous improvement for our grant.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The feedback was consistent with the expectations outlined in the FOA.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| **Project Officer Feedback on Continuation Applications** | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| 1. The feedback was clear and easy to understand.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The feedback was helpful in identifying areas of continuous quality improvement for our grant.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The feedback was consistent with the expectations outlined in the FOA.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| **Project Officer Site Visit**  | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| 1. The notice provided for the site visit allowed adequate time to prepare.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The TA and support provided during the site visit were helpful.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The PO recommendations resulting from the site visit were clear and easy to understand.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The PO recommendations following the site visit were helpful for the continuous quality improvement of our grant.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

1. **Other OAH Staff/Contractor Support:** Please rate your satisfaction with the guidance and support received from other OAH staff (i.e., Evaluation Team, MAX Core Team).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Satisfaction with support from: | Verysatisfied | Satisfied | NotSure | Dissatisfied | Verydissatisfied | Notapplicable |
| 1. OAH Evaluation Team
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. OAH MAX Core Team
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. OAH TA Contractor
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. OAH Performance Measures Database Contractor
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

1. **OAH Technical Assistance:** For the next set of OAH Technical Assistance Supports, please indicate how often you participated and overall how satisfied you were with the support:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Group TA Calls** |  |  |  |  |  |  |
|  | Always | Very often | Often | Sometimes | Never | Not applicable |
| a. How often did you participate? | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
|  | Very satisfied | Satisfied | NotSure | Dissatisfied | Very dissatisfied | Not applicable |
| b. How satisfied were you? | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| **Webinars** |  |  |  |  |  |  |
|  | Always | Very often | Often | Sometimes | Never | Not applicable |
| a. How often did you participate? | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
|  | Very satisfied | Satisfied | NotSure | Dissatisfied | Very dissatisfied | Not applicable |
| b. How satisfied were you? | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| **Individual TA** |  |  |  |  |  |  |
|  | Always | Very often | Often | Sometimes | Never | Not applicable |
| a. How often did you participate? | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
|  | Very satisfied | Satisfied | NotSure | Dissatisfied | Very dissatisfied | Not applicable |
| b. How satisfied were you? | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| **In-person training** |  |  |  |  |  |  |
|  | Always | Very often | Often | Sometimes | Never | Not applicable |
| a. How often did you participate? | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
|  | Very satisfied | Satisfied | NotSure | Dissatisfied | Very dissatisfied | Not applicable |
| b. How satisfied were you? | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**OAH TA Products**

1. Have you used any [OAH-developed TA products](https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/index.html)  (e.g., tip sheets, online learning modules, TA briefs) in the current budget period?

\_\_\_\_Yes

\_\_\_\_No (will auto-skip to Q13)

1. How do you hear about OAH’s TA product(s)? Check all that apply.

\_\_ MAX.gov

\_\_ OAH website search

\_\_ OAH Grantee Digest

\_\_ Other (please specify)

1. Which [OAH TA products](https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/index.html) (click here to view) have you found most helpful this past year? Please list up to three.
	1. [Text Box]
	2. [Text Box]
	3. [Text Box]
2. How often would you say you use [OAH TA products](https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/index.html) (click here to view)?

\_\_ Never

\_\_ Frequently (1-2 times a month)

\_\_ Seldom (1-2 times a quarter)

\_\_ Rarely (1-2 times a year)

What format for the [OAH TA products](https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/index.html) do you find most helpful? (Check all that apply)

\_\_ Printable pdfs

\_\_ Web text

\_\_ Tip sheets

\_\_ e-Learning modules

\_\_ Checklists

\_\_ Toolkits

\_\_ Other (please specify)

**Overall Guidance and Technical Assistance Feedback**

1. Please describe how the support and technical assistance you received from OAH has affected your project. [Text Box]
2. Use this space to provide any suggestions for improving support from OAH project officers, staff and/or contractors. [Text Box]
3. Use this space to provide any suggestions for improving OAH programmatic guidance and/or technical assistance. [Text Box]

**Web-Based Communications/Resources**

**MAX.gov**

1. Please indicate the extent to which you agree with these statements about the components of [OAH MAX 2.0](https://community.max.gov/display/HHSExternal/About%2BOAH%2BMAX) (click her to view):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| OAH MAX 2.0: | Strongly agree | Agree | Not Sure | Disagree | Strongly disagree | Have not used/done yet |
| 1. Log-in procedures are clear.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Navigation and finding information are easy.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. User design/experience is pleasing.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Files upload smoothly.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. My Grantee Page is useful.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. MAX listservs are valuable.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The site is easy to use.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. I understand when to use this system
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

1. How satisfied are you with [OAH MAX 2.0](https://community.max.gov/display/HHSExternal/About%2BOAH%2BMAX)?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Satisfaction with MAX.gov** | Verysatisfied | Satisfied | Not Sure | Dissatisfied | Very dissatisfied | Not applicable |
|  | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**Performance Measures**

The next set of items is about your project’s perceptions of the Performance Measures (PMs) and the PM database.

1. Please indicate the extent to which you agree with these statements about the performance measures (PMs), PM database, and support you receive to submit the PMs:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Performance Measures (PM) Attributes: | Strongly agree | Agree | Not Sure | Disagree | Strongly Disagree | Have not used/done yet |
| 1. The PM database is easy to use.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Sufficient support is provided to submit the PMs.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Reports available from the PM database are useful.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. PMs are useful for our project’s Continuous Quality Improvement (CQI) process.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**OAH Website**

This next set of questions is about the OAH website, available at: <https://www.hhs.gov/ash/oah/>.

1. How often have you used the OAH website in the past grant year?

\_\_ Never (skip to Q27 after table)

\_\_ Monthly

\_\_ Weekly

\_\_ Daily

\_\_Other (please specify)

1. Please indicate how useful resources in the following sections of the OAH website have been for your project in the past year. (Check “not used” if you have not used the resource).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Usefulness of OAH Website Resources | Very useful | Useful | Somewhatuseful | Not at alluseful | Not used |
| 1. [Adolescent Development](https://www.hhs.gov/ash/oah/adolescent-development/index.html): Information on health topics
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. [Adolescent Health: Think, Act, Grow® (TAG)](https://www.hhs.gov/ash/oah/tag/index.html): Information on the national call to action
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. [Evaluation & Research](https://www.hhs.gov/ash/oah/evaluation-and-research/index.html): Information on expanding evidence and advancing best practices
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. [Facts and Stats](https://www.hhs.gov/ash/oah/facts-and-stats/index.html): Current statistics on adolescent health at the national and state levels
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. [Grant Programs](https://www.hhs.gov/ash/oah/grant-programs/index.html): Information on OAH grant programs
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. [Resources & Training](https://www.hhs.gov/ash/oah/resources-and-training/index.html): Federal resources and training to support work with adolescents
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**TPP and PAF Online Resource Center**

1. Please rate your satisfaction with the information and resources provided in the [TPP and PAF Online Resource Center](https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/index.html)?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Satisfaction with TPP and PAF Online Resource Center’s: | Verysatisfied | Satisfied | Not Sure | Dissatisfied | Very dissatisfied | Not applicable |
| a. Organization of information | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| b. Sufficiency of resources to meet your program needs | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| c. Relevance to your areas of need | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| d. Comprehensiveness in addressing the scope of issues that you face | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Overall information and resources of the TPP/PAF Online Resource Center
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**Grantee Digest**

22. How often do you read the OAH *Grantee Digest* email?

\_\_ Every week

\_\_ Most weeks (3 times a month)

\_\_ Some weeks (1-2 weeks a month)

\_\_ Never (SKIP to Q24)

23. Please rate your satisfaction with the information and resources provided in the *Grantee Digest:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Satisfaction with *Grantee Digest* | Verysatisfied | Satisfied | Not Sure | Dissatisfied | VeryDissatisfied | Not applicable |
| a. Organization of information | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| b. Sufficiency of detail to meet your program needs | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| c. Relevance to your areas of need | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| d. Comprehensiveness in addressing the scope of issues that you face | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**OAH Twitter (@TeenHealthGov)**

1. How useful do you find the information and resources shared on @TeenHealthGov?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Usefulness of OAH Twitter Feed | Veryuseful | Useful | Not Sure | Somewhat useful | Not at alluseful | Not used |
| 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**Overall Digital Communications/Resources (i.e., web, email, and social media) Feedback**

1. Use this space to provide any suggestions for improving OAH web-based communications/resources.

[Text Box]

**OVERALL SATISFACTION WITH OAH’S RESOURCES AND SUPPORT**

1. Overall, how satisfied are you with OAH’s services, supports, resources, and guidance for your grant project?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Overall Satisfaction with OAH services, supports, resources, and guidance | Very Satisfied | Satisfied | NotSure | Dissatisfied | VeryDissatisfied | Not applicable |
| 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

**DEMOGRAPHIC QUESTIONS**

1. Which of the following BEST describes your organization? (Check one)

\_\_ American Indian tribal government or tribal organization

\_\_ Educational institution

\_\_ For-profit organization

\_\_ Hospital/Clinic

\_\_ Local government agency (city, town, county)

\_\_ Non-profit organization

\_\_ State government agency

\_\_ Other (please specify) [Text box]

Thank you for your cooperation.

If you have to report on another grant, please complete a separate survey.

DONE